Form PTO-1594

RECC T 09-13-2000

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U.S. Department of Commerce Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: I	Please record the attached original documents or copy thereof.	
Name of conveying party(ies):	2. Name and address of receiving party(ies):	
Norwest Business Credit, Inc.	Name: Wells Fargo Business Credit, Inc.	
[ ] Individual(s) [ ] Association	Internal Address:	
[ ] General Partnership [ ] Limited	Street Address: 100 East Wisconsin Avenue, Suite 1400	
[X] Corporation-State MN Partnership	City: Milwaukee State: WI Zip: 53202	
[] Other:	[ ] Individual(s) citizenship	
Additional name(s) of conveying party(ies) attached?	Association	
[ ] Yes [X] No	General Partnership	
[ ] 105 [24] 110	[ ] Limited Partnership	
3. Nature of conveyance:	[X] Corporation-State_MN	
[] Assignment [] Merger	[ ] Other	
[] Security Agreement [X] Change of Name	If assignee is not domiciled in the United States, a domestic	
Other	representative designation is attached: [] Yes [] No	
	II.	
Execution Date: April 1, 1999	(Designations must be a separate document from	
LANGUAGE PRIOR TEPRIT IS 1777	Assignment) Additional names(s) & address(es) attached?	
	Yes [X] No	
	[ ] res [M] No	
4. Application number(s) or registration number(s): A. Trademark Application No.(s)	B. Trademark registration No.(s)	
A. Trademark Application No.(s)	D. Trademark registration No.(5)	
	2,312,552 2,167,710	
	2,312,332 2,107,710 2,167,711 1,741,477	
	2,107,711	
Additional numbers attached?		
Additional numbers attached:		
Name and address of party to whom correspondence	6. Total number of applications and registrations	
concerning document should be mailed:	involved:[4]	
Concerning document birosia or manea.		
Name: Adam L. Brookman	7. Total fee (37 CFR 3.41):\$115.00	
Godfrey & Kahn, S.C.	[X] Enclosed	
Internal Address:	[X] Authorized to be charged to deposit account	
Street Address: 780 N. Water Street	for any deficiencies	
City: Milwaukee State: WI Zip: 53202	8. Deposit account number: 07-1509	
Cary Carry Carry		
	(Attach duplicate copy of this page if paying by deposit	
	account)	
DO NOT USE	E THIS SPACE	
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9. Statement and signature.		
To the best of my knowledge and belief, the foregoing infor	mation is true and correct and any attached copy is a true copy	
of the original document.		
///	17.6	
Adam L. Brookman	1. 1900	
Name of Person Signing	Signature Date	
Total Number of pages, in	cluding cover sheet and attachments: [3]	

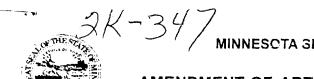
MW441719\_1.DOC



## To All To Whom These presents Shall Come, Greeting:

Hitereas, Articles of Incorporation, duly signed and acknowledged under oath, have been filed for record in the office of the Secretary of State, on the				
Ballo Financial Corporation				
under and in accordance with the provisions of the Minnesota Business Corporation Act, Minnesota Statutes, Chapter 301;				
Naw, Cherefore, I. Aden I. Erdahl, Secretary of State of the State of Minnesota, is action of the provers and duties vested in me by law, do hereby certify that the said				
Banco Financial Corporation				
is a legally organized Corporation under the laws of this State.				
Witness my official signature hereunto sub- scribed and the Great Seal of the State of Minnesota				
hereunto affixed thiseighth day of				
March in the year of our Lord				
one thousand nine hundred and seventy-four				
Secretary of State				

TRADEMARK REEL: 002133 FRAME: 0691



**RECORDED: 08/14/2000** 

## AMENDMENT OF ARTICLES OF INCORPORATION

## READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

	black ink.  Ofce payable to the Secretary of a Amendment Form and Fee to the secretary of t		
CORPORATE NAM	E: (List the name of the compan	y prior to any desired name ch	ange)
	Norwest Bus	iness Credit, Inc.	
	effective on the day it is filed with vith the Secretary of State.	the Secretary of State. unles	s you indicate another date, no later than
article(s) indicating	which article(s) is (are) being ame ich additional numbered pages.	ended or added.) If the full tex	oted: (Insert full text of newly amended kt of the amendment will not fit in the ding this form $\frac{1}{2}$ .)
	The name of the	corporation is Wells F	argo Business Credit, Inc. 🖈
execute this amend.	s been approved pursuant to <i>Min</i> ment and I further certify that I un n in section 009.48 as if I had sig	derstand that by signing this	A or 317A. I certify that I am authorized to amendment, I am subject to the perialties ath.
		(Signat	ure of Authorized Person)
Name and telephone	enumber of contact person:	Martin J. McKinley	(612) 673-8589
		Please print legibly	STATE OF MENT
	n on this form is public and require ent the Office from approvingor fu		g. Failure to provide the requested
If you have any que:	stions please contact the Secreta	ry of State's office at (651)296	DEPARTMENT OF STATE
RETURN TO:	Secretary of State 180 State Office Bldg., 100 ( St. Paul, MN 55155-1299, (6		MAR 2.6 1999
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